



# APPLICATION FORM 2022 (October 2022 - June 2023)

## ATHLETE APPLICATION FORM

### PARENT / GUARDIAN INFO

#### MOTHER

NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

#### FATHER

NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

### COMMUNICATION INFO

E-MAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### ATHLETE INFO

BOY

GIRL

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AMKA/SSN: \_\_\_\_\_  
MM DD YY

NATIONALITY: \_\_\_\_\_

LANGUAGE(S): GREEK  ENGLISH  FRENCH  FARSI  ARABIC

HOME ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

T-SHIRT SIZE XS  S  M  L  XL  SHOE SIZE (EU)

## RELATIONSHIP WITH BASKETBALL

Haven't played before  Use to play with friends  Play at basketball Academy

AntetokounBros Academy Athlete  
YES  NO

## FAMILY AND INCOME STATUS

If the applicant meets ONE or MORE of the below listed criteria, please check the relevant box. For every box checked extra points are earned in the evaluation procedure that will lead to an invitation to the AntetokounBros Academy.

For each of the criteria checked, the applicant should submit a print copy of the relevant official document certifying its status. In case the documents submitted are not valid or non-official, the submission will be marked as incomplete and won't be considered for evaluation.

### FAMILY YEARLY INCOME (2021):

0 – 2.500€       2.501€ - 5.000€       5.001€ - 7.500€       7.501€ - 12.000€   
12.001€ - 20.000€       20.001€+

Has lost his/ her parents: 1 parent       2 parents

Single parent family

Member of large family:                      3 children       4+ children

Has parents/ guardians and/ or siblings with a percentage of invalidity of over 67%

Required documents: Tax clearance (2021), Family status certificate, valid Unemployment card, KEPA certification

## AGREEMENT PROVISION

By submitting this form you acknowledge that you have read, understood and accepted the attached Terms and Conditions of the Program.

### HEALTH STATUS

The athlete's parent/legal guardian declares that the athlete is fit and not suffering of any health concerns or injuries that will be aggravated by participating in the AntetokounBros Academy's training program.

### AUDIO, VIDEO & PHOTO SHOOTING

As part of the Program, we will be video and photo shooting the Program's activities. By signing this and submitting your application, you grant the Academy and its partners the right to use the respective audiovisual material for the purposes of implementing and publicly promoting the Program, for archiving and as specified in the Terms and Conditions of the Program.

### TRANSPORTATION

Athlete's transfer to the court and back as well as for the Basket League game visits will be made by their own means of transport with the exception of the educational sessions at Onassis Stegi, for which transportation to and back will be provided with meeting points at each court.

# PARENTS'/ LEGAL GUARDIAN'S AGREEMENT

We lawfully exercise the parental responsibility of our minor child.

Parent 1 (Full name) \_\_\_\_\_ Signature: \_\_\_\_\_

Parent 2 (Full name) \_\_\_\_\_ Signature: \_\_\_\_\_

I have read, understood and accept the Terms of the Program Parent 1  Parent 2

Date: \_\_\_\_\_

If one of the parents is unable to sign the form, then the undersigned must choose one of the following reasons:

**(A) Absence**

I responsibly declare that the present form is signed only by me although I was informed by the project managers that it must be signed by the other parent too and that the other parent has been informed of our child's participation in Program and has agreed to it.

**(B) Divorce and only one parent exercises parental responsibility**

I responsibly declare that the present form is signed only by me although I was informed by the program managers that it must be signed by the other parent too and that I only exercise the child's parental responsibility.

**(C) Loss**

I responsibly declare that the present form is signed only by me although I was informed by the people in charge of AntetokounBros Academy because the other parent is not alive.

If the minor child is under guardianship/fostered care then the undersigned must choose:

I act lawfully in the capacity of the custodian/foster parent/legal guardian of the minor

(Full name) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Filling of all fields is mandatory*